



*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Wylie. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary

Employment History

List **all** jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. **Do not reference resume. Attach additional sheets if necessary.**

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time ☐ Part Time ☐
Reason for leaving _____
If still employed, may we contact this employer? _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time ☐ Part Time ☐
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time ☐ Part Time ☐
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time ☐ Part Time ☐
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time ☐ Part Time ☐
Reason for leaving _____

Have you served in the Armed Forces or National Guard of the United States? _____ Branch? _____
Dates of Service: _____ to _____ Rank at Discharge _____ Type of Discharge _____

Have you been convicted, received probation or deferred adjudication when charged with a felony? _____
If "yes", date ____/____/____ City/State _____
Charge _____ Disposition _____
(Punishment/Sentence)

Business References

Please list **only** individuals with whom you have **worked** at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

I have reviewed the minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the City of Wylie is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check and a post-offer medical examination and drug screen.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATIONS TO:
Human Resources Department
City of Wylie
2000 Hwy 78N
Wylie, Texas 75098



AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Wylie and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Wylie and/or its representatives. I also hereby release from liability and hold harmless the City of Wylie, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Wylie and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the City of Wylie all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

I hereby authorize the City of Wylie and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the City of Wylie all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

PARENT OR GUARDIAN SIGNATURE _____
(If applicant is under age 18)

An Equal Opportunity Employer

